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Jc695 U.S. PTO

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REISSUE PATENT APPLICATION TRANSMITTAL **DIVISIONAL OF REISSUE APPLICATION SERIAL NO. 09/244,037**

Address to:
Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

Attorney Docket No. 2000_1327
First Named Inventor Mitsuaki OSHIMA et al.
Original Patent Number 5,600,672
Original Patent Issue Date February 4, 1997
(Month/Day/Year)
Express Mail Label No.


APPLICATION FOR REISSUE OF:
(check applicable box) ☒ **Utility Patent** ☐ **Design Patent** ☐ **Plant Patent**

APPLICATION ELEMENTS	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	7. <input checked="" type="checkbox"/> Foreign Priority Claim (35 USC 119) (if applicable)
2. <input checked="" type="checkbox"/> Specification and Claims (amended, if appropriate)	8. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations
3. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	9. English Translation of Reissue Oath/Declaration (if applicable)
4. <input checked="" type="checkbox"/> Reissue Oath / Declaration (original or copy) (37 CFR 1.175)(PTO/SB/51 or 52)	10. <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Statement filed in prior application Status Still proper and desired
5. Original U.S. Patent <input checked="" type="checkbox"/> Offer to Surrender Original Patent (37 CFR 1.178) (PTO/SB/53 or PTO/SB/54) or <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Affidavit/Declaration of Loss (PTO/SB/55)	11. <input checked="" type="checkbox"/> Preliminary Amendment
6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es)) <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/63 or 54) <input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney	12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 603) (Should be specifically itemized)
	13. <input checked="" type="checkbox"/> Other: 1. Request to Transfer Formal Drawings from Patent File 2. Cover Letter for Application Filed Without Executed Declaration

15. CORRESPONDENCE ADDRESS

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11. SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED

NAME	Jeffrey R. Filipek	Reg. No. 41,471
SIGNATURE		
DATE	September 29, 2000	

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Reissue Application of : Attn: BOX REISSUE
U.S. Patent No. 5,600,672 : Atty. Docket No. 2000_1327
Issued February 4, 1997 :
Mitsuaki OSHIMA et al. :
Serial No. NEW :
Filed September 29, 2000 :
COMMUNICATION SYSTEM :
(Reissue Divisional :
of Serial No. 09/244,037, :
Filed February 4, 1999)

PATENT OFFICE FEE TRANSMITTAL FORM

Assistant Commissioner for Patents
Washington, DC 20231

Sir:

Attached hereto is a check in the amount of \$924.00 to cover Patent Office fees relating to filing the following attached papers:

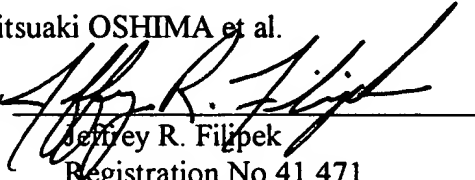
Reissue Application \$924.00

A duplicate copy of this paper is being submitted for use in the Accounting Division, Office of Finance.

The Commissioner is authorized to charge any deficiency or to credit any overpayment associated with this communication to Deposit Account No. 23-0975, with the EXCEPTION of deficiencies in fees for multiple dependent claims in new applications.

Respectfully submitted,

Mitsuaki OSHIMA et al.

By 
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